FLOR901

Form **8879-TE**

IRS E-file Signature Authorization for a Tax-Exempt Entity

OMB No. 1545-0047

2025

For calendar year 2025, or fiscal year beginning . . . . . , 2025, and ending . . . . . , 20 . . . . . .

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

Name of filer: **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

EIN or SSN: **23-7292826**

Name and title of officer or person subject to tax: **TRACY FRAMPTON**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 1,290,952
2a	**Form 990-EZ** check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**
9a	**Form 5330** check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize **MCDONOUGH CPA SOLUTIONS, P.A.** to enter my PIN **92826** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **07/29/26**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **50427971720**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **KRISTEN UNDERWOOD, CPA** Date **07/29/26**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

FLOR901

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): **4560 NORTH US HIGHWAY 1**

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: **MELBOURNE FL 32935-7502**

D Employer identification number: **23-7292826**

E Telephone number: **321-254-8843**

G Gross receipts $: **1,420,112**

F Name and address of principal officer:
JOSIE QUIROZ
4560 NORTH US HIGHWAY 1
MELBOURNE FL 32935

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.FLORIDAWILDLIFEHOSPITAL.ORG**

H(c) Group exemption number:

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1973**

M State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

OUR MISSION IS TO AID SICK, INJURED AND ORPHANED NATIVE FLORIDA WILDLIFE AND MIGRATORY BIRDS, AND TO RETURN THEM TO THE ECOSYSTEM. WE ARE COMMITTED TO KEEPING WILDLIFE WILD BY PROVIDING QUALITY, COMPASSIONATE CARE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	**11**
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	**11**
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	**5**	**36**
	6 Total number of volunteers (estimate if necessary)	**6**	**100**
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	**0**
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	**0**

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	**1,112,571**	**1,180,239**
	9 Program service revenue (Part VIII, line 2g)	**21,800**	**21,193**
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	**80,531**	**88,354**
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	**1,412**	**1,166**
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	**1,216,314**	**1,290,952**
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)		**0**
	14 Benefits paid to or for members (Part IX, column (A), line 4)		**0**
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	**632,243**	**790,877**
	16a Professional fundraising fees (Part IX, column (A), line 11e)		**0**
	b Total fundraising expenses (Part IX, column (D), line 25) **93,525**		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	**438,095**	**371,293**
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	**1,070,338**	**1,162,170**
	19 Revenue less expenses. Subtract line 18 from line 12	**145,976**	**128,782**

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	**2,786,020**	**2,921,959**
	21 Total liabilities (Part X, line 26)	**9,864**	**17,021**
	22 Net assets or fund balances. Subtract line 21 from line 20	**2,776,156**	**2,904,938**

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

TRACY FRAMPTON EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRISTEN UNDERWOOD, CPA	**KRISTEN UNDERWOOD, CPA**	**07/29/26**		**P01354831**

Firm's name: **MCDONOUGH CPA SOLUTIONS, P.A.** Firm's EIN: **47-1601171**

Firm's address: **445 W MERRITT AVE MERRITT ISLAND, FL 32953-4760** Phone no. **321-453-6256**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2025)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:

FLORIDA WILDLIFE HOSPITAL & SANTUARY, INC IS A NON-PROFIT ORGANIZATION DEDICATED TO HELPING FLORIDA WILDLIFE AND MIGRATORY BIRDS WITH THE MISSION OF RETURNING THEM TO THEIR PLACE IN THE ENVIRONMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **969,106** including grants of $) (Revenue $ **21,193**)

RESCUE AND REHABILITATION OF WILDLIFE. THE FACILITIES ARE OPEN 365 DAYS PER YEAR. THE ORGANIZATION PROVIDES EDUCATIONAL PROGRAMS TO SCHOOLS, ORGANIZATIONS AND THE GENERAL PUBLIC. A HOTLINE IS PROVIDED TO ANSWER THE PUBLIC'S QUESTIONS RELATING TO WILDLIFE.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses **969,106**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	**17**		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

TRACY FRAMPTON 4560 NORTH US HIGHWAY 1

MELBOURNE FL 32935 321-254-8843

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **TRACY FRAMPTON**	0.00									
EXECUTIVE DIRECTOR	0.00	X		X				0	0	0
(2) **JANE HIGGINS**	0.00									
TREASURER	0.00	X		X				0	0	0
(3) **ANNE MCCUMBER**	1.00									
VICE CHAIR	0.00	X		X				0	0	0
(4) **TRACY PHILLIPS**	3.00									
SECRETARY ADV/MKTG	0.00	X		X				0	0	0
(5) **JOSIE QUIROZ**	4.00									
CHAIRMAN	0.00	X		X				0	0	0
(6) **MARK MCDERMOTT**	1.00									
BOARD MEMBER	0.00			X				0	0	0
(7) **EILEEN OLEJARSKI**	1.00									
BOARD MEMBER	0.00			X				0	0	0
(8) **AARON STITZEL**	1.00									
BOARD MEMBER	0.00			X				0	0	0
(9) **MEGAN STOLEN**	1.00									
BOARD MEMBER	0.00			X				0	0	0
(10) **BETH THEDY**	0.00									
BOARD MEMBER	0.00			X				0	0	0
(11) **GERARDO URBINA**	0.00									
BOARD MEMBER	0.00			X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b **Subtotal**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **0**

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization **0**

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,180,239				
	g Noncash contributions included in lines 1a-1f	1g	$ 23,989				
	h **Total.** Add lines 1a–1f			1,180,239			
Program Service Revenue			Business Code				
	2a **PROGRAM INCOME**			21,193	21,193		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			21,193			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			60,841			60,841
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	132,741 / 23,932				
	b Less: cost or other basis and sales exps.	7b	129,160				
	c Gain or (loss)	7c	3,581 / 23,932				
	d Net gain or (loss)			27,513	3,581		23,932
	8a Gross income from fundraising events (not including $ ... of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a **RECYCLING INCOME**			963			963
	b **OTHER INCOME**			203	203		
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			1,166			
	12 **Total revenue.** See instructions			1,290,952	24,977	0	85,736

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	738,240	617,596	66,424	54,220
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	52,637	45,770	4,695	2,172
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,280	25,024	3,128	3,128
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	22,398	187		22,211
13 Office expenses	13,607	9,296	2,735	1,576
14 Information technology				
15 Royalties				
16 Occupancy	46,139	31,445	14,578	116
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,344	1,854		490
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,804	58,804		
23 Insurance	22,968	16,577	6,033	358
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VET SERVICES	90,573	90,573		
b ANIMAL FEED & SEED	31,813	31,813		
c DONATED GOODS AND SERVICE	23,989	23,989		
d OTHER	22,993	11,793	1,946	9,254
e All other expenses	4,385	4,385		
25 Total functional expenses. Add lines 1 through 24e	1,162,170	969,106	99,539	93,525
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	317,251	1	502,406
	2	Savings and temporary cash investments	1,897,925	2	1,874,629
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	9,326
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,257	9	12,253
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,259,665			
	b	Less: accumulated depreciation — 10b: 758,270	542,465	10c	501,395
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	19,122	15	21,950
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	2,786,020	16	2,921,959
Liabilities	17	Accounts payable and accrued expenses	9,164	17	16,721
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	700	25	300
	26	**Total liabilities.** Add lines 17 through 25	9,864	26	17,021
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	1,389,832	27	1,626,197
	28	Net assets with donor restrictions	1,386,324	28	1,278,741
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,776,156	32	2,904,938
	33	Total liabilities and net assets/fund balances	2,786,020	33	2,921,959

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,290,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,162,170
3	Revenue less expenses. Subtract line 2 from line 1	3	128,782
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,776,156
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,904,938

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC	**23-7292826**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	696,777	742,161	2,032,544	1,112,571	1,180,239	5,764,292
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	906	14,774	11,598	22,522	21,396	71,196
3 Gross receipts from activities that are not an unrelated trade or business under section 513	23,095	37,930	24,483			85,508
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	720,778	794,865	2,068,625	1,135,093	1,201,635	5,920,996
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						5,920,996

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	720,778	794,865	2,068,625	1,135,093	1,201,635	5,920,996
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,272	6,095	17,045	67,267	60,841	155,520
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,272	6,095	17,045	67,267	60,841	155,520
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	725,050	800,960	2,085,670	1,202,360	1,262,476	6,076,516

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	97.44 %
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	98.28 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	3 %
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	2 %

19a **33 1/3% support tests — 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests — 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- **a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in *Part VI identify those supported organizations and explain* how these *activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	**3c**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization
FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC

Employer identification number
23-7292826

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC

Employer identification number
23-7292826

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		**102,000**		**102,000**
b Buildings		**89,184**	**15,112**	**74,072**
c Leasehold improvements		**1,062,137**	**743,158**	**318,979**
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**495,051**

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) **DEPOSIT**	**300**
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	**300**

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Employer identification number
23-7292826

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE FORM 990 IS PRESENTED TO ALL BOARD MEMBERS PRIOR TO FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
VIEWING OR COPIES OF GOVERNING DOCUMENTS ARE AVAILABLE BY WRITTEN REQUEST

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC	**INDIRECT DEPRECIATION**	**23-7292826**

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	**2,500,000**
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	**4,000,000**
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	**11,390**
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	**37,234**
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C— Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
e 50-year			50 yrs.	MM	S/L	

THERE ARE NO AMOUNTS FOR PAGE 3

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	**21**	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	**22**	**48,624**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

FLOR901 FLORIDA WILDLIFE HOSPITAL &
23-7292826
FYE: 12/31/2025

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
77	COMPUTER EQUIPMENT	9/19/2025	11,390			X	0	5	HY	200DB	0	11,390
			11,390				0				0	11,390
Prior MACRS:												
1	AIR CONDITIONER REPLACE	1/12/2012	3,599			X	1,799	5	HY	200DB	3,599	0
2	A/C MOTOR HOUSE	3/07/2012	839			X	419	5	HY	200DB	839	0
3	DELL COMPUTER - SUE'S DESK	8/26/2013	508			X	254	5	HY	200DB	508	0
4	DELL P4 COMPUTER	5/20/2009	169			X	84	5	HY	200DB	169	0
5	LAPTOP COMPUTER	9/21/2009	305			X	152	5	HY	200DB	305	0
6	DELL LCD	2/08/2006	2,019				2,019	5	HY	200DB	2,019	0
7	ICU FOR ANIMALS	8/31/2006	918				918	5	HY	200DB	918	0
8	X-RAY PROCESSOR	12/05/2006	1,380				1,380	5	HY	200DB	1,380	0
9	LARGE STAINLESS CAGE	9/13/2007	325				325	5	HY	200DB	325	0
10	KONA & ELEANOR CAGES	4/30/2007	1,078				1,078	5	HY	200DB	1,078	0
11	BUILDING	6/01/1998	126,929				126,929	39	MM	S/L	86,382	3,255
13	WOOD CAGES	3/01/2007	818				818	5	HY	200DB	818	0
15	X-RAY MACHINE - AMBER DIAG	5/31/2013	6,700			X	3,350	5	HY	200DB	6,700	0
16	COREY - BELLA CAGE	8/06/2012	1,953			X	976	5	HY	200DB	1,953	0
17	DEEP WELL	5/31/2011	2,441			X	216	15	HY	150DB	2,225	144
18	A/C UNIT HOUSE	4/16/2009	5,960			X	2,980	5	HY	200DB	5,960	0
19	STOVE	1/10/2008	473			X	236	5	HY	200DB	473	0
20	FENCE	5/22/2007	2,895				2,895	15	HY	150DB	2,895	0
21	FAWN PEN	4/25/2011	2,685			X	0	5	HY	200DB	2,685	0
22	PELICAN CAGES	12/05/2011	2,182			X	0	5	HY	200DB	2,182	0
23	FLIGHT CAGE 100 FT	12/22/2008	77,950			X	38,975	5	HY	200DB	77,950	0
24	BUILDING 2	1/27/2005	298,731				298,731	39	MM	S/L	152,876	7,660
25	OTTER CAGE	6/30/2013	7,064			X	3,532	5	HY	200DB	7,064	0
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/2013	1,116			X	558	5	HY	200DB	1,116	0
27	SCREECH OWL CAGE	7/01/2014	2,623			X	1,312	5	HY	200DB	2,623	0
28	NEW SHED	2/20/2015	1,475				1,475	39	MM	S/L	373	38
29	FRONT SIGNS	7/28/2015	865				865	15	MQ	150DB	578	51
30	NEW AC - BLDG 2 NORTH SIDE	8/12/2015	5,497				5,497	39	MM	S/L	1,321	141
31	SONGBIRD CAGE	11/17/2015	7,286			X	3,643	7	MQ	200DB	7,286	0
32	AVIARY CAGE	12/10/2015	2,791			X	1,396	7	MQ	200DB	2,791	0
33	3 FAUCETS COMMISSARY	10/22/2015	795			X	397	7	MQ	200DB	795	0
34	Seabird Tubs	11/14/2016	9,988			X	4,994	5	MQ	200DB	9,988	0
35	Fence-Rear	3/09/2016	4,076			X	2,038	15	MQ	150DB	3,339	120
36	PONDS-PRE-RELEASE ENC	10/25/2016	5,644			X	2,822	15	MQ	150DB	4,498	167
37	FENCE-SIDE/FRONT	8/30/2016	5,203			X	2,601	15	MQ	150DB	4,186	153
38	MOUSE HOUSE	5/31/2016	4,348			X	2,174	5	MQ	200DB	4,348	0
39	SEA BIRD FLIGHT CAGE	11/15/2016	8,228			X	4,114	5	MQ	200DB	8,228	0
40	Golf cart	1/14/2017	5,278			X	2,639	5	HY	200DB	5,278	0
41	Golf cart #2	1/14/2017	5,278			X	2,639	5	HY	200DB	5,278	0
42	Rear Fence	1/17/2017	4,780			X	2,390	15	HY	150DB	3,722	141
43	Quinn's Enclosure	2/21/2017	5,045			X	2,522	5	HY	200DB	5,045	0
44	NEW A/C - APTS	8/06/2018	5,290				5,290	39	MM	S/L	865	135
45	COUNTERTOP/SINK	10/16/2018	2,289			X	0	7	HY	200DB	2,289	0
46	X-RAY MACHINE	1/01/2018	33,530				33,530	7	HY	200DB	32,034	1,496
47	GENERATOR/GAS LINE	9/27/2018	7,183				7,183	7	HY	200DB	6,863	320
48	CAGES - RACCOON	12/27/2018	7,845				7,845	7	HY	200DB	7,495	350
49	CAGES - SMALL MAMMAL	3/14/2018	5,920				5,920	7	HY	200DB	5,656	264
50	Hospital AC - Deck-Aire	2/08/2019	7,960			X	0	5	HY	200DB	7,960	0
51	Roof - Direct Metal Roof	7/25/2019	49,000				49,000	39	MM	S/L	6,858	1,256
52	Windows and Door	12/02/2019	22,935				22,935	39	MM	S/L	2,965	588
53	GAS Hook Up	5/21/2019	1,710				1,710	39	MM	S/L	247	44
54	Generator	4/02/2019	5,465			X	0	7	HY	200DB	5,465	0
55	Autoclave M9	6/13/2019	3,983			X	0	7	HY	200DB	3,983	0
56	Boxes - Drop Off	8/12/2019	3,574			X	0	7	HY	200DB	3,574	0
57	Racoon	5/03/2019	1,438			X	0	7	HY	200DB	1,438	0
58	LG Mammal Box	12/31/2019	2,325			X	0	7	HY	200DB	2,325	0
59	X-RAY MACHINE - SEDECAL	11/01/2020	53,000				53,000	7	MQ	200DB	39,696	4,628
60	FENCE	12/11/2020	17,082				17,082	15	MQ	150DB	6,015	1,106
61	CAGES	3/20/2020	4,298				4,298	7	MQ	200DB	3,499	376
62	GAS WATER	10/07/2020	4,960				4,960	7	MQ	200DB	3,715	433
63	Teds Electric Upgrade Outlets	2/18/2021	1,650			X	0	15	MQ	150DB	1,650	0
64	BSC and Consulting cable & router upgrade	12/27/2021	2,570			X	0	15	MQ	150DB	2,570	0
65	New Computers and DOC stations	5/14/2021	4,825			X	0	5	MQ	200DB	4,825	0

FLOR901 FLORIDA WILDLIFE HOSPITAL &
23-7292826
FYE: 12/31/2025

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
66	Rev Cut Mowers	6/15/2021	4,999			X	0	5	MQ	200DB	4,999	0
67	CAGES	12/16/2021	11,877			X	0	7	MQ	200DB	11,877	0
68	CAGES	8/01/2022	54,804				54,804	7	HY	200DB	30,837	6,848
69	FINAL IT UPGRADE	2/28/2022	5,377				5,377	15	HY	150DB	1,239	414
70	BUILDING IMPROVEMENTS	6/26/2022	11,861				11,861	15	HY	150DB	2,734	913
71	CAGES	9/28/2023	113,290			X	22,658	7	HY	200DB	99,418	3,963
72	IN HOUSE LAB	12/31/2023	18,757			X	3,751	7	HY	200DB	16,460	656
73	A/C	7/27/2023	12,062			X	2,412	7	HY	200DB	10,585	422
74	ELECTRIC	12/15/2023	2,661			X	532	7	HY	200DB	2,335	93
75	Building Improvements	8/31/2024	23,643				23,643	39	MM	S/L	227	607
76	Lab Equipment	6/17/2024	3,530			X	1,412	5	HY	200DB	2,400	452
			1,139,930				871,345				767,194	37,234
Other Depreciation:												
12	LAND	6/01/1998	68,000				68,000	0	--	Land	0	0
14	LOT	12/05/2007	34,000				34,000	0	--	Land	0	0
	Total Other Depreciation		102,000				102,000				0	0
	Total ACRS and Other Depreciation		102,000				102,000				0	0
	Grand Totals		1,253,320				973,345				767,194	48,624
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		1,253,320				973,345				767,194	48,624

FLOR901 FLORIDA WILDLIFE HOSPITAL &
23-7292826
FYE: 12/31/2025

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
77	COMPUTER EQUIPMENT	9/19/2025	11,390			X	0	5	HY	200DB	0	11,390
			11,390				0				0	11,390
Prior MACRS:												
1	AIR CONDITIONER REPLACE	1/12/2012	3,599			X	1,799	5	HY	200DB	3,599	0
2	A/C MOTOR HOUSE	3/07/2012	839			X	419	5	HY	200DB	839	0
3	DELL COMPUTER - SUE'S DESK	8/26/2013	508			X	254	5	HY	200DB	508	0
4	DELL P4 COMPUTER	5/20/2009	169			X	84	5	HY	200DB	169	0
5	LAPTOP COMPUTER	9/21/2009	305			X	152	5	HY	200DB	305	0
6	DELL LCD	2/08/2006	2,019				2,019	5	HY	150DB	2,019	0
7	ICU FOR ANIMALS	8/31/2006	918				918	5	HY	150DB	918	0
8	X-RAY PROCESSOR	12/05/2006	1,380				1,380	5	HY	150DB	1,380	0
9	LARGE STAINLESS CAGE	9/13/2007	325				325	5	HY	150DB	325	0
10	KONA & ELEANOR CAGES	4/30/2007	1,078				1,078	5	HY	150DB	1,078	0
11	BUILDING	6/01/1998	126,929				126,929	40	MM	S/L	84,223	3,173
13	WOOD CAGES	3/01/2007	818				818	5	HY	150DB	818	0
15	X-RAY MACHINE - AMBER DIAG	5/31/2013	6,700			X	3,350	5	HY	200DB	6,700	0
16	COREY - BELLA CAGE	8/06/2012	1,953			X	976	5	HY	200DB	1,953	0
17	DEEP WELL	5/31/2011	2,441			X	0	15	HY	150DB	2,441	0
18	A/C UNIT HOUSE	4/16/2009	5,960			X	2,980	5	HY	200DB	5,960	0
19	STOVE	1/10/2008	473			X	236	5	HY	200DB	473	0
20	FENCE	5/22/2007	2,895				2,895	15	HY	150DB	2,895	0
21	FAWN PEN	4/25/2011	2,685			X	0	5	HY	200DB	2,685	0
22	PELICAN CAGES	12/05/2011	2,182			X	0	5	HY	200DB	2,182	0
23	FLIGHT CAGE 100 FT	12/22/2008	77,950			X	38,975	5	HY	200DB	77,950	0
24	BUILDING 2	1/27/2005	298,731				298,731	39	MM	S/L	152,876	7,660
25	OTTER CAGE	6/30/2013	7,064			X	3,532	5	HY	200DB	7,064	0
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/2013	1,116			X	558	5	HY	200DB	1,116	0
27	SCREECH OWL CAGE	7/01/2014	2,623			X	1,312	5	HY	200DB	2,623	0
28	NEW SHED	2/20/2015	1,475				1,475	39	MM	S/L	373	38
29	FRONT SIGNS	7/28/2015	865				865	15	MQ	150DB	578	51
30	NEW AC - BLDG 2 NORTH SIDE	8/12/2015	5,497				5,497	39	MM	S/L	1,321	141
31	SONGBIRD CAGE	11/17/2015	7,286			X	3,643	7	MQ	200DB	7,286	0
32	AVIARY CAGE	12/10/2015	2,791			X	1,396	7	MQ	200DB	2,791	0
33	3 FAUCETS COMMISSARY	10/22/2015	795			X	397	7	MQ	200DB	795	0
34	Seabird Tubs	11/14/2016	9,988			X	4,994	5	MQ	200DB	9,988	0
35	Fence-Rear	3/09/2016	4,076			X	2,038	15	MQ	150DB	3,339	120
36	PONDS-PRE-RELEASE ENC	10/25/2016	5,644			X	2,822	15	MQ	150DB	4,498	167
37	FENCE-SIDE/FRONT	8/30/2016	5,203			X	2,601	15	MQ	150DB	4,186	153
38	MOUSE HOUSE	5/31/2016	4,348			X	2,174	5	MQ	200DB	4,348	0
39	SEA BIRD FLIGHT CAGE	11/15/2016	8,228			X	4,114	5	MQ	200DB	8,228	0
40	Golf cart	1/14/2017	5,278			X	2,639	5	HY	200DB	5,278	0
41	Golf cart #2	1/14/2017	5,278			X	2,639	5	HY	200DB	5,278	0
42	Rear Fence	1/17/2017	4,780			X	2,390	15	HY	150DB	3,722	141
43	Quinn's Enclosure	2/21/2017	5,045			X	2,522	5	HY	200DB	5,045	0
44	NEW A/C - APTS	8/06/2018	5,290				5,290	39	MM	S/L	865	135
45	COUNTERTOP/SINK	10/16/2018	2,289			X	0	7	HY	200DB	2,289	0
46	X-RAY MACHINE	1/01/2018	33,530				33,530	7	HY	200DB	32,034	1,496
47	GENERATOR/GAS LINE	9/27/2018	7,183				7,183	7	HY	150DB	6,743	440
48	CAGES - RACCOON	12/27/2018	7,845				7,845	7	HY	150DB	7,364	481
49	CAGES - SMALL MAMMAL	3/14/2018	5,920				5,920	7	HY	150DB	5,558	362
50	Hospital AC - Deck-Aire	2/08/2019	7,960			X	0	5	HY	200DB	7,960	0
51	Roof - Direct Metal Roof	7/25/2019	49,000				49,000	39	MM	S/L	6,858	1,256
52	Windows and Door	12/02/2019	22,935				22,935	39	MM	S/L	2,965	588
53	GAS Hook Up	5/21/2019	1,710				1,710	39	MM	S/L	247	44
54	Generator	4/02/2019	5,465			X	0	7	HY	200DB	5,465	0
55	Autoclave M9	6/13/2019	3,983			X	0	7	HY	200DB	3,983	0
56	Boxes - Drop Off	8/12/2019	3,574			X	0	7	HY	200DB	3,574	0
57	Racoon	5/03/2019	1,438			X	0	7	HY	200DB	1,438	0
58	LG Mammal Box	12/31/2019	2,325			X	0	7	HY	200DB	2,325	0
59	X-RAY MACHINE - SEDECAL	11/01/2020	53,000				53,000	7	MQ	150DB	34,437	6,457
60	FENCE	12/11/2020	17,082				17,082	15	MQ	150DB	6,015	1,106
61	CAGES	3/20/2020	4,298				4,298	7	MQ	150DB	3,187	523
62	GAS WATER	10/07/2020	4,960				4,960	7	MQ	150DB	3,223	604
63	Teds Electric Upgrade Outlets	2/18/2021	1,650			X	0	15	MQ	150DB	1,650	0
64	BSC and Consulting cable & router upgrade	12/27/2021	2,570			X	0	15	MQ	150DB	2,570	0
65	New Computers and DOC stations	5/14/2021	4,825			X	0	5	MQ	200DB	4,825	0

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AMT Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
66	Rev Cut Mowers	6/15/2021	4,999			X	0	5	MQ	200DB	4,999	0
67	CAGES	12/16/2021	11,877			X	0	7	MQ	200DB	11,877	0
68	CAGES	8/01/2022	54,804				54,804	7	HY	200DB	30,837	6,848
69	FINAL IT UPGRADE	2/28/2022	5,377				5,377	15	HY	150DB	1,239	414
70	BUILDING IMPROVEMENTS	6/26/2022	11,861				11,861	15	HY	150DB	2,734	913
71	CAGES	9/28/2023	113,290			X	22,658	7	HY	200DB	99,418	3,963
72	IN HOUSE LAB	12/31/2023	18,757			X	3,751	7	HY	200DB	16,460	656
73	A/C	7/27/2023	12,062			X	2,412	7	HY	200DB	10,585	422
74	ELECTRIC	12/15/2023	2,661			X	532	7	HY	200DB	2,335	93
75	Building Improvements	8/31/2024	23,643				23,643	39	MM	S/L	227	607
76	Lab Equipment	6/17/2024	3,530			X	1,412	5	HY	200DB	2,400	452
			1,139,930				871,129				758,839	39,504
Other Depreciation:												
12	LAND	6/01/1998	68,000				68,000	0	--	Land	0	0
14	LOT	12/05/2007	34,000				34,000	0	--	Land	0	0
	Total Other Depreciation		102,000				102,000				0	0
	Total ACRS and Other Depreciation		102,000				102,000				0	0
	Grand Totals		1,253,320				973,129				758,839	50,894
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		1,253,320				973,129				758,839	50,894

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Bonus Depreciation Report

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Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	AIR CONDITIONER REPLACE	1/12/2012	3,599		0	0	1,800	1,799
2	A/C MOTOR HOUSE	3/07/2012	839		0	0	420	419
3	DELL COMPUTER - SUE'S DESK	8/26/2013	508		0	0	254	254
4	DELL P4 COMPUTER	5/20/2009	169		0	0	85	84
5	LAPTOP COMPUTER	9/21/2009	305		0	0	153	152
15	X-RAY MACHINE - AMBER DIAG	5/31/2013	6,700		0	0	3,350	3,350
16	COREY - BELLA CAGE	8/06/2012	1,953		0	0	977	976
17	DEEP WELL	5/31/2011	2,441		0	0	2,225	216
18	A/C UNIT HOUSE	4/16/2009	5,960		0	0	2,980	2,980
19	STOVE	1/10/2008	473		0	0	237	236
21	FAWN PEN	4/25/2011	2,685		0	0	2,685	0
22	PELICAN CAGES	12/05/2011	2,182		0	0	2,182	0
23	FLIGHT CAGE 100 FT	12/22/2008	77,950		0	0	38,975	38,975
25	OTTER CAGE	6/30/2013	7,064		0	0	3,532	3,532
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/2013	1,116		0	0	558	558
27	SCREECH OWL CAGE	7/01/2014	2,623		0	0	1,311	1,312
31	SONGBIRD CAGE	11/17/2015	7,286		0	0	3,643	3,643
32	AVIARY CAGE	12/10/2015	2,791		0	0	1,395	1,396
33	3 FAUCETS COMMISSARY	10/22/2015	795		0	0	398	397
34	Seabird Tubs	11/14/2016	9,988		0	0	4,994	4,994
35	Fence-Rear	3/09/2016	4,076		0	0	2,038	2,038
36	PONDS-PRE-RELEASE ENC	10/25/2016	5,644		0	0	2,822	2,822
37	FENCE-SIDE/FRONT	8/30/2016	5,203		0	0	2,602	2,601
38	MOUSE HOUSE	5/31/2016	4,348		0	0	2,174	2,174
39	SEA BIRD FLIGHT CAGE	11/15/2016	8,228		0	0	4,114	4,114
40	Golf cart	1/14/2017	5,278		0	0	2,639	2,639
41	Golf cart #2	1/14/2017	5,278		0	0	2,639	2,639
42	Rear Fence	1/17/2017	4,780		0	0	2,390	2,390
43	Quinn's Enclosure	2/21/2017	5,045		0	0	2,523	2,522
45	COUNTERTOP/SINK	10/16/2018	2,289		0	0	2,289	0
50	Hospital AC - Deck-Aire	2/08/2019	7,960		0	0	7,960	0
54	Generator	4/02/2019	5,465		0	0	5,465	0
55	Autoclave M9	6/13/2019	3,983		0	0	3,983	0
56	Boxes - Drop Off	8/12/2019	3,574		0	0	3,574	0
57	Racoon	5/03/2019	1,438		0	0	1,438	0
58	LG Mammal Box	12/31/2019	2,325		0	0	2,325	0
63	Teds Electric Upgrade Outlets	2/18/2021	1,650		0	0	1,650	0
64	BSC and Consulting cable & router upgrade	12/27/2021	2,570		0	0	2,570	0
65	New Computers and DOC stations	5/14/2021	4,825		0	0	4,825	0
66	Rev Cut Mowers	6/15/2021	4,999		0	0	4,999	0
67	CAGES	12/16/2021	11,877		0	0	11,877	0
71	CAGES	9/28/2023	113,290		0	0	90,632	22,658
72	IN HOUSE LAB	12/31/2023	18,757		0	0	15,006	3,751
73	A/C	7/27/2023	12,062		0	0	9,650	2,412
74	ELECTRIC	12/15/2023	2,661		0	0	2,129	532
76	Lab Equipment	6/17/2024	3,530		0	0	2,118	1,412
77	COMPUTER EQUIPMENT	9/19/2025	11,390		0	11,390	0	0
	Grand Total		399,952		0	11,390	268,585	119,977

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Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	AIR CONDITIONER REPLACE	0	0	0
Page 1	1	2	A/C MOTOR HOUSE	0	0	0
Page 1	1	3	DELL COMPUTER - SUE'S DESK	0	0	0
Page 1	1	4	DELL P4 COMPUTER	0	0	0
Page 1	1	5	LAPTOP COMPUTER	0	0	0
Page 1	1	6	DELL LCD	0	0	0
Page 1	1	7	ICU FOR ANIMALS	0	0	0
Page 1	1	8	X-RAY PROCESSOR	0	0	0
Page 1	1	9	LARGE STAINLESS CAGE	0	0	0
Page 1	1	10	KONA & ELEANOR CAGES	0	0	0
Page 1	1	11	BUILDING	3,255	3,173	82
Page 1	1	13	WOOD CAGES	0	0	0
Page 1	1	15	X-RAY MACHINE - AMBER DIAG	0	0	0
Page 1	1	16	COREY - BELLA CAGE	0	0	0
Page 1	1	17	DEEP WELL	144	0	144
Page 1	1	18	A/C UNIT HOUSE	0	0	0
Page 1	1	19	STOVE	0	0	0
Page 1	1	20	FENCE	0	0	0
Page 1	1	21	FAWN PEN	0	0	0
Page 1	1	22	PELICAN CAGES	0	0	0
Page 1	1	23	FLIGHT CAGE 100 FT	0	0	0
Page 1	1	24	BUILDING 2	7,660	7,660	0
Page 1	1	25	OTTER CAGE	0	0	0
Page 1	1	26	ICU UNIT - HOTSPOT FOR BIRDS	0	0	0
Page 1	1	27	SCREECH OWL CAGE	0	0	0
Page 1	1	28	NEW SHED	38	38	0
Page 1	1	29	FRONT SIGNS	51	51	0
Page 1	1	30	NEW AC - BLDG 2 NORTH SIDE	141	141	0
Page 1	1	31	SONGBIRD CAGE	0	0	0
Page 1	1	32	AVIARY CAGE	0	0	0
Page 1	1	33	3 FAUCETS COMMISSARY	0	0	0
Page 1	1	34	Seabird Tubs	0	0	0
Page 1	1	35	Fence-Rear	120	120	0
Page 1	1	36	PONDS-PRE-RELEASE ENC	167	167	0
Page 1	1	37	FENCE-SIDE/FRONT	153	153	0
Page 1	1	38	MOUSE HOUSE	0	0	0
Page 1	1	39	SEA BIRD FLIGHT CAGE	0	0	0
Page 1	1	40	Golf cart	0	0	0
Page 1	1	41	Golf cart #2	0	0	0
Page 1	1	42	Rear Fence	141	141	0
Page 1	1	43	Quinn's Enclosure	0	0	0
Page 1	1	44	NEW A/C - APTS	135	135	0
Page 1	1	45	COUNTERTOP/SINK	0	0	0
Page 1	1	46	X-RAY MACHINE	1,496	1,496	0
Page 1	1	47	GENERATOR/GAS LINE	320	440	-120
Page 1	1	48	CAGES - RACCOON	350	481	-131
Page 1	1	49	CAGES - SMALL MAMMAL	264	362	-98
Page 1	1	50	Hospital AC - Deck-Aire	0	0	0
Page 1	1	51	Roof - Direct Metal Roof	1,256	1,256	0
Page 1	1	52	Windows and Door	588	588	0
Page 1	1	53	GAS Hook Up	44	44	0
Page 1	1	54	Generator	0	0	0
Page 1	1	55	Autoclave M9	0	0	0
Page 1	1	56	Boxes - Drop Off	0	0	0
Page 1	1	57	Racoon	0	0	0
Page 1	1	58	LG Mammal Box	0	0	0
Page 1	1	59	X-RAY MACHINE - SEDECAL	4,628	6,457	-1,829
Page 1	1	60	FENCE	1,106	1,106	0
Page 1	1	61	CAGES	376	523	-147
Page 1	1	62	GAS WATER	433	604	-171
Page 1	1	63	Teds Electric Upgrade Outlets	0	0	0
Page 1	1	64	BSC and Consulting cable & router upgrade	0	0	0
Page 1	1	65	New Computers and DOC stations	0	0	0
Page 1	1	66	Rev Cut Mowers	0	0	0
Page 1	1	67	CAGES	0	0	0
Page 1	1	68	CAGES	6,848	6,848	0

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Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
Page 1	1	69	FINAL IT UPGRADE	414	414	0
Page 1	1	70	BUILDING IMPROVEMENTS	913	913	0
Page 1	1	71	CAGES	3,963	3,963	0
Page 1	1	72	IN HOUSE LAB	656	656	0
Page 1	1	73	A/C	422	422	0
Page 1	1	74	ELECTRIC	93	93	0
Page 1	1	75	Building Improvements	607	607	0
Page 1	1	76	Lab Equipment	452	452	0
Page 1	1	77	COMPUTER EQUIPMENT	11,390	11,390	0
				48,624	50,894	-2,270

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Future Depreciation Report FYE: 12/31/2026

FYE: 12/31/2025

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	AIR CONDITIONER REPLACE	1/12/2012	3,599	0	0
2	A/C MOTOR HOUSE	3/07/2012	839	0	0
3	DELL COMPUTER - SUE'S DESK	8/26/2013	508	0	0
4	DELL P4 COMPUTER	5/20/2009	169	0	0
5	LAPTOP COMPUTER	9/21/2009	305	0	0
6	DELL LCD	2/08/2006	2,019	0	0
7	ICU FOR ANIMALS	8/31/2006	918	0	0
8	X-RAY PROCESSOR	12/05/2006	1,380	0	0
9	LARGE STAINLESS CAGE	9/13/2007	325	0	0
10	KONA & ELEANOR CAGES	4/30/2007	1,078	0	0
11	BUILDING	6/01/1998	126,929	3,254	3,173
13	WOOD CAGES	3/01/2007	818	0	0
15	X-RAY MACHINE - AMBER DIAG	5/31/2013	6,700	0	0
16	COREY - BELLA CAGE	8/06/2012	1,953	0	0
17	DEEP WELL	5/31/2011	2,441	72	0
18	A/C UNIT HOUSE	4/16/2009	5,960	0	0
19	STOVE	1/10/2008	473	0	0
20	FENCE	5/22/2007	2,895	0	0
21	FAWN PEN	4/25/2011	2,685	0	0
22	PELICAN CAGES	12/05/2011	2,182	0	0
23	FLIGHT CAGE 100 FT	12/22/2008	77,950	0	0
24	BUILDING 2	1/27/2005	298,731	7,660	7,660
25	OTTER CAGE	6/30/2013	7,064	0	0
26	ICU UNIT - HOTSPOT FOR BIRDS	8/21/2013	1,116	0	0
27	SCREECH OWL CAGE	7/01/2014	2,623	0	0
28	NEW SHED	2/20/2015	1,475	38	38
29	FRONT SIGNS	7/28/2015	865	51	51
30	NEW AC - BLDG 2 NORTH SIDE	8/12/2015	5,497	141	141
31	SONGBIRD CAGE	11/17/2015	7,286	0	0
32	AVIARY CAGE	12/10/2015	2,791	0	0
33	3 FAUCETS COMMISSARY	10/22/2015	795	0	0
34	Seabird Tubs	11/14/2016	9,988	0	0
35	Fence-Rear	3/09/2016	4,076	120	120
36	PONDS-PRE-RELEASE ENC	10/25/2016	5,644	166	166
37	FENCE-SIDE/FRONT	8/30/2016	5,203	154	154
38	MOUSE HOUSE	5/31/2016	4,348	0	0
39	SEA BIRD FLIGHT CAGE	11/15/2016	8,228	0	0
40	Golf cart	1/14/2017	5,278	0	0
41	Golf cart #2	1/14/2017	5,278	0	0
42	Rear Fence	1/17/2017	4,780	141	141
43	Quinn's Enclosure	2/21/2017	5,045	0	0
44	NEW A/C - APTS	8/06/2018	5,290	136	136
45	COUNTERTOP/SINK	10/16/2018	2,289	0	0
46	X-RAY MACHINE	1/01/2018	33,530	0	0
47	GENERATOR/GAS LINE	9/27/2018	7,183	0	0
48	CAGES - RACCOON	12/27/2018	7,845	0	0
49	CAGES - SMALL MAMMAL	3/14/2018	5,920	0	0
50	Hospital AC - Deck-Aire	2/08/2019	7,960	0	0
51	Roof - Direct Metal Roof	7/25/2019	49,000	1,257	1,257
52	Windows and Door	12/02/2019	22,935	588	588
53	GAS Hook Up	5/21/2019	1,710	43	43
54	Generator	4/02/2019	5,465	0	0
55	Autoclave M9	6/13/2019	3,983	0	0
56	Boxes - Drop Off	8/12/2019	3,574	0	0
57	Racoon	5/03/2019	1,438	0	0
58	LG Mammal Box	12/31/2019	2,325	0	0
59	X-RAY MACHINE - SEDECAL	11/01/2020	53,000	4,627	6,456
60	FENCE	12/11/2020	17,082	1,009	1,009
61	CAGES	3/20/2020	4,298	376	522
62	GAS WATER	10/07/2020	4,960	433	604
63	Teds Electric Upgrade Outlets	2/18/2021	1,650	0	0
64	BSC and Consulting cable & router upgrade	12/27/2021	2,570	0	0
65	New Computers and DOC stations	5/14/2021	4,825	0	0
66	Rev Cut Mowers	6/15/2021	4,999	0	0
67	CAGES	12/16/2021	11,877	0	0
68	CAGES	8/01/2022	54,804	4,891	4,891
69	FINAL IT UPGRADE	2/28/2022	5,377	373	373

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Future Depreciation Report FYE: 12/31/2026

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Asset	Description	Date In Service	Cost	Tax	AMT
70	BUILDING IMPROVEMENTS	6/26/2022	11,861	821	821
71	CAGES	9/28/2023	113,290	2,831	2,831
72	IN HOUSE LAB	12/31/2023	18,757	469	469
73	A/C	7/27/2023	12,062	301	301
74	ELECTRIC	12/15/2023	2,661	67	67
75	Building Improvements	8/31/2024	23,643	606	606
76	Lab Equipment	6/17/2024	3,530	271	271
77	COMPUTER EQUIPMENT	9/19/2025	11,390	0	0
			1,151,320	30,896	32,889
Other Depreciation:					
12	LAND	6/01/1998	68,000	0	0
14	LOT	12/05/2007	34,000	0	0
	Total Other Depreciation		102,000	0	0
	Total ACRS and Other Depreciation		102,000	0	0
	Grand Totals		1,253,320	30,896	32,889

FLOR901

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC

Taxpayer Identification Number

23-7292826

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	1,112,571	1,180,239	67,668
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	21,800	21,193	-607
	5. Investment income	5.	67,267	60,841	-6,426
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	13,264	27,513	14,249
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	1,412	1,166	-246
	12. **Total revenue.** Add lines 1 through 11	12.	1,216,314	1,290,952	74,638
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	632,243	790,877	158,634
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	56,496	31,280	-25,216
	19. Occupancy, rent, utilities, and maintenance	19.	66,637	46,139	-20,498
	20. Depreciation and Depletion	20.	77,869	58,804	-19,065
	21. Other expenses	21.	237,093	235,070	-2,023
	22. **Total expenses.** Add lines 13 through 21	22.	1,070,338	1,162,170	91,832
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	145,976	128,782	-17,194
Other Information	24. Total exempt revenue	24.	1,216,314	1,290,952	74,638
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	103,743	110,713	6,970
	27. Total assets	27.	2,786,020	2,921,959	135,939
	28. Total liabilities	28.	9,864	17,021	7,157
	29. Retained earnings	29.	2,776,156	2,904,938	128,782
	30. Number of voting members of governing body	30.	9	11	
	31. Number of independent voting members of governing body	31.	9	11	
	32. Number of employees	32.	21	36	
	33. Number of volunteers	33.	100	100	

FLOR901

Form **990** | **Tax Projection Worksheet** | **2025 & 2026**

Name: **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Taxpayer Identification Number: **23-7292826**

			2025	2026	Differences
Revenue	1. Contributions, gifts, grants	1.	1,180,239	1,180,239	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	21,193	21,193	
	5. Investment income	5.	60,841	60,841	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	27,513	27,513	
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	1,166	1,166	
	12. **Total revenue.** Add lines 1 through 11	12.	1,290,952	1,290,952	
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	790,877	790,877	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	31,280	31,280	
	19. Occupancy, rent, utilities, and maintenance	19.	46,139	46,139	
	20. Depreciation and Depletion	20.	58,804	58,804	
	21. Other expenses	21.	235,070	235,070	
	22. **Total expenses.** Add lines 13 through 21	22.	1,162,170	1,162,170	
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	128,782	128,782	
Other	24. Total exempt revenue	24.	1,290,952	1,290,952	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	110,713	110,713	
	27. Total assets	27.	2,921,959	2,921,959	
	28. Total liabilities	28.	17,021	17,021	
	29. Retained earnings	29.	2,904,938	2,904,938	
	30. Number of voting members of governing body	30.	11	11	
	31. Number of independent voting members of governing body	31.	11	11	
	32. Number of employees	32.	36	36	
	33. Number of volunteers	33.	100	100	

Form **990**

Tax Return History

2025

Name **FLORIDA WILDLIFE HOSPITAL & SANCTUARY, INC**

Employer Identification Number **23-7292826**

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	577,023	604,857	2,032,544	1,112,571	1,180,239	1,180,239
Membership dues	119,754	137,304				
Program service revenue	906	14,774	10,955	21,800	21,193	21,193
Capital gain or loss	78	-61,967	96,897	13,264	27,513	27,513
Investment income	4,272	6,095	17,045	67,267	60,841	60,841
Fundraising revenue (income/loss)	11,998	29,177	21,577			
Gaming revenue (income/loss)						
Other revenue	362	715	940	1,412	1,166	1,166
Total revenue	714,393	730,955	2,179,958	1,216,314	1,290,952	1,290,952
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	43,654	49,918	50,024			
Other compensation	293,965	388,016	423,509	632,243	790,877	790,877
Professional fees	21,983	26,385	37,133	56,496	31,280	31,280
Occupancy costs	33,130	29,950	36,263	66,637	46,139	46,139
Depreciation and depletion	68,235	43,239	66,032	77,869	58,804	58,804
Other expenses	114,799	120,600	190,414	237,093	235,070	235,070
Total expenses	575,766	658,108	803,375	1,070,338	1,162,170	1,162,170
Excess or (Deficit)	138,627	72,847	1,376,583	145,976	128,782	128,782
Total exempt revenue	714,393	730,955	2,179,958	1,216,314	1,290,952	1,290,952
Total unrelated revenue						
Total excludable revenue	17,616	-11,206	147,414	103,743	110,713	110,713
Total Assets	1,183,009	1,266,898	2,645,947	2,786,020	2,921,959	2,921,959
Total Liabilities	2,259	13,301	15,767	9,864	17,021	17,021
Net Fund Balances	1,180,750	1,253,597	2,630,180	2,776,156	2,904,938	2,904,938

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
BANK INTEREST	$ 1,165		14			
MORGAN STANLEY - 34401	9,194		14			
MORGAN STANLEY - 31777	7,693		14			
TOTAL	$ 18,052					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
MORGAN STANLEY - 34401	$ 12,362		14			
MORGAN STANLEY - 31777	30,427		14			
TOTAL	$ 42,789					

FLOR901 FLORIDA WILDLIFE HOSPITAL &
23-7292826
FYE: 12/31/2025

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMBERSHIP VOLUNTEER	$ 4,385	$ 4,385	$	$
TOTAL	$ 4,385	$ 4,385	$ 0	$ 0

Schedule A, Part III, Line 1(e)

Description	Amount
GRANTS & CONTRIBUTIONS	$ 812,739
SUE BASSET	
CASH CONTRIBUTION	15,000
BREVARD ZOO	
CASH CONTRIBUTION	5,000
KNOPF FAMILY FOUNDATION	
CASH CONTRIBUTION	35,000
COMMUNITY FOUNDATION OF BREVARD	
CASH CONTRIBUTION	10,000
LESLIE L ALEXANDER FOUNDATION	
CASH CONTRIBUTION	45,000
ALBERT & BIRDIE W EINSTEIN FUND	
CASH CONTRIBUTION	5,000
STEPHEN AND MARY BIRCH FOUNDATION	
CASH CONTRIBUTION	15,000
ROY & BARBARA STEVENS CHARITABLE	
CASH CONTRIBUTION	20,000
FLEMING FAMILY FOUNDATION	
CASH CONTRIBUTION	27,500
MACON ESTATE	
CASH CONTRIBUTION	190,000
TOTAL	$ 1,180,239

FLOR901 FLORIDA WILDLIFE HOSPITAL &
23-7292826
FYE: 12/31/2025

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM INCOME	$ 21,193
OTHER INCOME	203
TOTAL	$ 21,396

Schedule A, Part III, Line 10a(e)

Description	Amount
BANK INTEREST	$ 1,165
MORGAN STANLEY - 34401	9,194
MORGAN STANLEY - 31777	7,693
MORGAN STANLEY - 34401	12,362
MORGAN STANLEY - 31777	30,427
TOTAL	$ 60,841

Schedule A, Part III, Line 11

Description	Amount
RECYCLING INCOME	$ 963
LESS: DEDUCTIONS	-1,000
TOTAL	$ -37